

# The Maternal, Infant, & Early Childhood Home Visiting Program



## MIECHV in Illinois

# Legislative Purposes

- To strengthen and improve the programs and activities carried out under Title V
- To improve coordination of services in at-risk communities
- To identify and provide comprehensive home visiting to services to improve outcomes for families in at-risk communities

# Additional Program Goals

- Intra-agency collaboration
- Independent review of evidence-based models
- Technical assistance
- National evaluation
- Congressional reports (March and December 2015)

# Grantee Legislative Requirements

- Needs assessments
- Priority for serving high risk populations
- Improvement in benchmark areas
- Evidence-based home visiting models and model fidelity
- 25% promising practices with evaluation
- Annual reports
- Maintenance of effort

# Legislatively Mandated Benchmarks

1. Improved maternal and newborn health;
2. Reduced incidence of child maltreatment, child injuries and ER visits;
3. Increased school readiness and achievement;
4. Reduced domestic violence or crime;
5. Improved family economic self-sufficiency;
6. Improved coordination and referrals for other community resources and supports

# Evidence-Based Models

1. Healthy Families America
2. Child First
3. Early Head Start—Home Based Option
4. Early Intervention Program for Adolescent Mothers
5. Family Check-Up
6. Healthy Steps
7. Parents as Teachers
8. Home Instruction for Parents of Preschool Youngsters
9. Nurse Family Partnership
10. Play and Learning Strategies Infant
11. The Early Start (New Zealand)
12. Oklahoma Community-Based Family Resource and Support Program
13. SafeCare Augmented

<http://homvee.acf.hhs.gov/>

# Grantee Program Requirements

- Appropriate oversight and administration
- Implementation plan including a timeline for activities
- State plan for continuous quality improvement and use of data systems
- Voluntary services
- Partnerships and collaboration

# Partnerships and Collaboration

- The expectation of the MIECHV Grant is there be collaboration at the State Level among State agencies down to the community level among service providers





# MIECHV: The Past

- Needs assessments (September 2010)
- Updated State Plans (June 2011)
- FY 2011 Formula Applications (July 2011)
- FY 2012 Formula Awards (September 2012)
- Competitive Awards (July 2011)

# HRSA Region V MIECHV

<b>Illinois</b>	<b>HFA, NFP, EHS, PAT</b>
Indiana	HFA, NFP
Michigan	HFA, NFP, EHS
Minnesota	HFA, NFP
Ohio	HFA, NFP
Wisconsin	HFA, EHS, NFP

# MIECHV: The Present

- Benchmark Plan
  - Benchmark and demographic data reporting
- Implementation
  - Home Visiting
  - Coordinated Intake
  - Community Systems Development
- Developing State CQI and evaluation plans

# National Evaluation

- Mother and Infant Home Visiting Program Evaluation (MIHOPE)
  - Research findings will be presented to Congress

# Illinois MIECHV

- Expanding or enhancing one or more of five evidence-based models of home visiting
- Ensuring that the home visiting program is effectively connected to community based organizations and services
- Establish a system of universal screening and coordinated intake in target areas
- Enhance or establish an early childhood collaborative in target areas

# Formula Grants

- 6 high-risk communities
  - Englewood, West Englewood, Greater Grand Crossing
  - Elgin
  - Rockford
  - Cicero
  - Macon County
  - Vermilion County

# Services Provided in Formula Grant

- Infant Mental Health Consultation
- Mobile
- ICAAP
- Learning Communities
- 4 P's Plus screening
- Abriendo Puertas - Open Doors (Latino parent engagement)
- Community System and Capacity Building
- Strong Foundations Training:
  - Domestic Violence
  - Substance Abuse
  - Mental Health
  - Parents with Special Needs

# Competitive Grant

- Doula Randomized Control Trial (University of Chicago)
- Doula Expansion (Ounce)
- Fussy Baby Network Enhancement Training (Erikson and Chapin Hall)



# How Does Illinois Show Progress?

- 6 Benchmarks
- 37 Constructs
- IL must pick 4 benchmarks on which we predict we will make progress

# MIECHV At A Glance

- Between March 1<sup>st</sup> – September 30<sup>th</sup>, 2012 MIECHV Coordinated Intake screened over 1,000 women within the target population
- MIECHV has served 555 families in Illinois to date
- The average age of pregnant and postpartum\* women was 22.37 years old with a range of 13 to 45 years old
- **Domestic Violence in pregnant and post-partum women**
  - 15.5% were positive for possible domestic violence
- **Depression in pregnant and post-partum women**
  - 22.5% were positive for depressive symptoms

\*Postpartum is defined as 6 weeks post birth

# Incorporating Non-MIECHV Communities

- In MIECHV communities, we are working with non-MIECHV home visiting partners to be part of Coordinated Intake
- We are looking for non-MIECHV communities who will volunteer to incorporate coordinated intake into their home visiting system
- Attempting to offer MIECHV training to Non-MIECHV staff
- Working in non-MIECHV communities to strengthen collaborations